

APPENDIX 13

DESIGNATION OF CASES

Section 2.1 Communicable diseases designated: cases and certain carriers be reported to the State Department of Health.

- (a) When used in the Public Health Law and in this Chapter, the term infectious, contagious or communicable disease, shall be held to include the following diseases:

Amebiasis
Anthrax
Babesiosis
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Cholera
Cryptosporidiosis
Diphtheria
E. coli 0157:H7 infections
Encephalitis
Giardiasis
Gonococcal infection
Granuloma inguinale
Hemolytic uremic syndrome
Hemophilus influenzae (invasive disease)
Hepatitis (A; B; nonA, nonB)
Histoplasmosis, new cases
Hospital-associated infections (as defined in section 2.2 of this Part)
Kawasaki syndrome
Legionellosis
Leprosy
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningitis
Aseptic
Hemophilus
Meningococcal
Other (specify type)
Meningococcemia
Mumps
Pertussis (whooping cough)
Plague
Poliomyelitis
Psittacosis
Rabies
Reye's syndrome
Rocky Mountain Spotted Fever
Rubella
Congenital rubella syndrome
Salmonellosis
Shigellosis
Syphilis, specify stage
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis, current disease (specify site)
Tularemia
Typhoid
Typhus
Yellow Fever
Yersiniosis

- (b) Upon receipt of a report of a communicable disease, the city, county or district health officer shall retain a copy in his record of the reports of such communicable diseases as the State Commissioner of Health may direct, and shall retain these copies until their destruction is authorized by the State Commissioner of Health, and shall forward a copy of all reports immediately to the State Department of Health. In lieu of an individual report of each case, the city, county or district health officer may, with the written consent of the State Commissioner of Health, make such summarized reports as the commissioner may require.

2.2 Definitions. Definitions shall include the following:

- (a) For public health reporting purposes, hospital-associated infections shall include the infections listed in paragraphs one through five below. Any non-reportable hospital-associated infections must be handled nonetheless by hospitals and their infection control committees.

- (1) an outbreak or increased incidence of disease due to microbiological agents or their toxic products occurring in patients or persons working in the hospital;
 - (2) in the newborn, existence or suspicion of staphylococcal disease, diarrhea, or other infection, including gonorrheal conjunctivitis;
 - (3) the occurrence in an infant of diarrhea;
 - (4) the admission to the hospital of any infant with diarrhea, staphylococcal infection or any other infection, the onset of which occurred when the infant was 28 days of age or less; and
 - (5) the occurrence in any maternity patient of diarrhea, staphylococcal infection or any other infection, the onset of which occurred either prior to admission or while in the hospital.
- (b) Case. A case is defined as a person who has been diagnosed to have a particular disease or condition. The diagnosis may be based solely on clinical judgement or solely on laboratory evidence, or on both criteria.
- (c) Suspected case. A suspected case is defined as a person who has been diagnosed as likely to have a particular disease or condition. The suspected diagnosis may be based solely on signs and symptoms, or solely on laboratory evidence, or both criteria.
- (d) Outbreak. An outbreak is defined as an increased incidence of disease above its expected or baseline level. As the number of cases which indicate the presence of an outbreak vary according to the infectious agent, size and type of population exposed, previous exposure or lack of exposure to the disease, and time and place of occurrence, the expected or baseline level of disease shall be assessed by hospitals and their infection control committees as directed in section 405.11 of this Title. While an outbreak usually involves several cases of illness (e.g., food-borne poisoning, influenza), it may consist of just one case for certain rare and/or serious diseases (e.g., botulism, measles).
- (e) Local health authority. As used in this Part, local health authority is defined as the health officer of a county, partcounty, city, town, village, consolidated health district, or any county or public health director having all the powers and duties prescribed in section 352 of the Public Health Law.
- (f) Laboratory. As used in this Part, the term "approved laboratory" or "laboratory approved for the examination" shall mean, as the case may be, a laboratory possessing either a certificate of approval for the specified examination issued by the State Commissioner of Health under the authority of Title 1 of Article 5 of the Public Health Law or a permit for the specified examination issued by said Commissioner under the authority of Title 5 of said Article.

INVESTIGATIONS AND DETERMINATIONS

2.5 Physician to submit specimens for laboratory examination in cases or suspected cases of certain communicable diseases. A physician in attendance on a person affected with or suspected of being affected with any of the diseases mentioned in this section shall submit to an approved laboratory, or to the laboratory of the State Department of Health, for examination of such specimens as may be designated by the State Commissioner of Health, together with data concerning the history and clinical manifestations pertinent to the examination:

Anthrax
 Babesiosis
 Botulism
 Brucellosis
 Campylobacteriosis
 Cholera
 Congenital rubella syndrome
 Conjunctivitis, purulent, of the newborn (28 days of age or less)
 Cryptosporidiosis
 Diarrhea
 occurring in infants 28 days of age or less or weighing less than 2,500
 grams (five and one-half pounds)
 Diphtheria
 E. coli 0157:H7 infections
 Giardiasis
 Gonococcal infection
 Hemophilus influenzae (invasive disease)
 Hemolytic uremic syndrome
 Histoplasmosis
 Legionellosis
 Leprosy
 Leptospirosis
 Listeriosis
 Malaria
 Meningitis
 Hemophilus
 Meningococcal
 Meningococcemia
 Plague
 Poliomyelitis
 Reye's syndrome
 Rocky Mountain Spotted fever
 Salmonellosis
 Shigellosis
 Syphilis
 Tuberculosis

Tularemia
Typhoid
Typhus
Yellow Fever
Yersiniosis

2.6 Health officer to investigate cases of communicable disease, to ascertain sources of infection, to seek out contacts and to take other steps to reduce morbidity and mortality. Except for diseases for which equivalent measures of investigation and control are specifically provided in other sections of this Chapter, it shall be the duty of the health officer, either personally or through a qualified representative, immediately upon receiving a report of a case of communicable disease:

- (a) to make such an investigation as the circumstances may require for the purpose of verifying the diagnosis, ascertaining the source of infection and discovering contacts and unreported cases;
- (b) to collect and submit, or cause to be collected and submitted, for laboratory examination such specimens as may furnish necessary or desirable information in determining the source of infection or in assisting diagnosis; and to furnish or to cause to be furnished with the specimens pertinent data on forms prescribed by the State Commissioner of Health in regard to the history of the cases, the physical findings and the epidemiological investigation which indicate the need for the examinations requested;
- (c) to instruct a responsible member of the household of the means to be taken to prevent further spread of the disease and to put into effect those other recognized measures which tend to reduce morbidity and mortality.

2.7 Reported cases and suspected cases of tuberculosis to be investigated; instruction by physician.

- (a) Upon receiving a duly signed report of a person who appears to be suffering from tuberculosis pursuant to sections 2100 and 2222 of the Public Health Law, the State or local health officer to whom such cases are reportable shall cause an examination to be made of the case if it has not been previously reported by a physician as a case of pulmonary tuberculosis and shall take such further measures as may be indicated as a result to such examination; if such a person has been reported to him previously by a physician as one suffering from pulmonary tuberculosis, the State or local health officer concerned shall ascertain promptly whether such physician is maintaining proper sanitary supervision.
- (b) It shall be the duty of a physician in attendance on a person affected with active pulmonary tuberculosis to instruct such person or a responsible member of his family not to permit personal contact with non-household members or occupational contact with others until the patient is deemed to be non-infectious.

2.10 Reporting cases or suspected cases or outbreaks of communicable disease by physicians. It shall be the duty of every physician to report to the city, county or district health officer, within whose jurisdiction such patient is, the full name, age and address of every person with a suspected or confirmed case of a communicable disease or any outbreak of communicable disease, together with the name of the disease, and any additional information requested by the health officer in the course of an investigation pursuant to this Part, within 24 hours from the time the case is first seen by him, and such report shall be by telephone or telegram if indicated, and shall also be made in writing, except that the written notice may be omitted with the approval of the State Commissioner of Health.

- (a) Cases in State institutions and facilities licensed under Article 28 of the Public Health Law. When a case of communicable disease occurs in a State institution or a facility licensed under Article 28 of the Public Health Law, the person in charge of the institution or facility shall report the case to the State Department of Health and to the city, county or district health officer, in whose jurisdiction such institution is located.
- (b) Cases of venereal disease. Provided further that cases of gonorrhea and syphilis shall be reported in writing, and that the patient's initials may be given in lieu of the patient's name. The physician shall keep a record of each case reported by initials and the corresponding name of the patient together with his address. The name and address of the patient shall be reported to the local or State health official to whom the attending physician is required to report such case, upon the special request of such official.

2.11 Reporting cases of communicable disease diagnosed after death. If a pathologist, coroner, medical examiner, or other person determines from examination of a corpse or from history of the events leading to death that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in section 2.10 of this Part as if the diagnosis had been established prior to death.

2.12 Reporting by others than physicians of cases of diseases presumably communicable. When no physician is in attendance, it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boarding house, camp or vessel or any public health nurse or any other person having knowledge of an individual affected with any disease presumably communicable, to report immediately the name and address of such person to the city, county or district health officer.

2.14 Reporting of suspected rabid animals and persons exposed to them. Action to be taken by health officer.

(a) Definitions:

- (1) Health care provider shall mean any person or facility which gives primary or secondary medical care to humans.
- (2) Exposure shall mean introduction of the rabies virus into the body of a human or animal. Any penetration by mouth to the skin of humans or animals constitutes a bite exposure. A nonbite exposure is a scratch, abrasion, open wound, or contamination of mucous membranes with saliva or other potentially infectious material from a rabid animal.
- (3) Domestic livestock shall mean sheep, horses, cattle, goats and 2.14 Reporting of suspected rabid animals and persons swine.
- (4) Current vaccination shall mean the injection of a rabies vaccine suitable to the species, which meets the standards prescribed by the United States Department of Agriculture for interstate sale and is administered according to the manufacturer's instructions under the

direction of a duly licensed veterinarian not later than the expiration date on the package. Current vaccination shall begin 14 days following primary vaccination, and continue for the period stated in the manufacturer's instructions.

- (5) Approved vaccine shall mean any rabies vaccine which meets the standards prescribed by the United States Department of Agriculture for interstate sale.
- (b) It shall be the duty of every health care provider to report immediately to the local health authority having jurisdiction, the full name, age, address and telephone number of any person under his care or observation who has been exposed to any animal suspected by the health care provider of having rabies.
- (c) If no health care provider is in attendance and the person exposed is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person exposed is an adult, such person shall himself make the report, or, if incapacitated, it shall be made by whomever is caring for such person.
- (d) It shall be the duty of every health care provider who has cause to believe that contact has occurred with a rabid animal or animal suspected of being rabid by the health care provider which requires rabies prophylaxis subsequent to the exposure to report the initiation of such prophylaxis and all pertinent facts relating to any such bite, exposure or treatment to the local health authority.
- (e) It shall be the duty of every person having knowledge of the existence of an animal exhibiting clinical signs suggestive of rabies to report immediately to the local health authority the existence of such animal, the place where seen, the owner's name, if known, and the signs of infection suggesting rabies.
- (f) Whenever, in accordance with this section, the local health authority is notified of a person who has been exposed to any dog, cat or domestic livestock, vaccinated or not, the local health authority may cause the animal to be confined for 10 days. Any costs associated with this confinement shall be an expense of the animal's owner. Such health authority may, subject to the approval of the owner, if known, cause the animal to be destroyed immediately and have the animal's head submitted to a laboratory approved by the State Commissioner of Health for examination. The dog, cat, or domestic livestock whose ownership cannot be determined may be confined for 10 days, under the direction of the local health authority. Any costs associated with this confinement shall be an expense of the party seeking this confinement. Confinement of the animal, in any case, shall be subject to such conditions and instructions, and under the control of such persons, including the owner if ascertainable, that the local health authority determines will reasonably assure the continued confinement of the animal for the prescribed 10-day period. Should the confined animal develop signs of rabies within the 10-day period, it shall be destroyed under the direction of the local health authority and submitted to a laboratory approved by the State Commissioner of Health for examination. In the case of a dog, cat, or domestic livestock whose ownership cannot be determined, if confinement is not possible or desirable, the animal may be destroyed immediately and an appropriate specimen shall be submitted to a laboratory approved by the State Commissioner of Health for examination.
- (1) Bats and any animal other than a dog, cat, or domestic livestock suspected of being rabid shall not be held for observation and shall be destroyed immediately, without injury to the head, and may be submitted upon approval of the local health authority, to a laboratory approved by the State Commissioner of Health for examination.
- (g) Except as hereinafter provided, any mammalian animal which has been bitten by or in direct contact with a known rabid animal or animal suspected by the local health authority of being rabid shall be destroyed unless it shall be isolated for a period of six months either in a veterinary hospital approved by the local health authority, or in a locked enclosure approved by the local health authority as being so constructed and maintained that the animal cannot escape and cannot have contact with any other animal or human except, when absolutely necessary, with the person responsible for the care of the confined animal. Quarantine of the animal, in any case, shall be subject to such conditions and instructions, and under the control of such persons, including the owner if ascertainable, that the local health authority determines will reasonably assure the continued quarantine of the animal for the prescribed six-month period. The expense of such isolation shall be borne by the owner. Any animal currently vaccinated as defined in this section, prior to exposure, may remain at large or under the owner's immediate control as may be required by local ordinance providing a booster injection of such approved vaccine is given within five days of the date of exposure.
- (h) An animal under such restrictions shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to New York City or into another state, he shall give permission only after securing the consent of the Commissioner of Health of the State of New York. Such removal shall be by private conveyance, in charge of a responsible person and conducted in such a manner as to prevent the escape of the animal or its coming in contact with other animals or persons.
- (i) The local health authority shall report forthwith to the State district health office or county health office having jurisdiction the name, age and address of every person exposed to any animal suspected of 2.14 Reporting of suspected rabid animals and persons having rabies, any incident which requires rabies prophylaxis, and all the pertinent facts relating to any such bite, exposure or treatment.
- (j) Whenever any animal that has or is suspected of having rabies dies, or is killed, the local health authority may, at his discretion, cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case, to a laboratory approved for this purpose by the State Commissioner of Health for examination.
- (k) Whenever the disease rabies is confirmed by the State Wadsworth Center for Laboratories and Research in a raccoon in any county of New York State, within 30 days of notice to the county of the confirmation, all cats residing in the county who are not then actively immunized as defined in this section, must be vaccinated as outlined below. Such notice will be sent to the county's local health officer by the Commissioner of Health. Actively immunized shall mean injection of a rabies vaccine which meets the standards prescribed by the United States Department of Agriculture for interstate sale and administered according to the 2.14 Reporting of suspected rabid animals and persons manufacturer's instructions under the direction of a duly licensed veterinarian. All cats in the county, three months of age or over, are to be vaccinated to prevent rabies. This section shall not apply to cats owned by a non-resident, while passing through any town, city or village for a period not exceeding fifteen days, if entered in any exhibition at any cat show therein, and if confined and in immediate charge of the exhibitor, or to cats actually confined to the premises of incorporated societies, devoted to the care or hospital treatment of lost, strayed or homeless animals, or confined to the premises of public or private hospitals devoted to the treatment

of sick animals, or confined for the purposes of research institutions, or to cats actually confined to the premises of a person, firm or corporation actually engaged in the business of breeding or raising cats for profit and are so licensed as a class A dealer under the Federal Laboratory Animal Welfare Act, or if such vaccination would adversely affect the health of the cat as determined by a duly licensed veterinarian.

The veterinarian either administering the vaccine or responsible for 2.14 Reporting of suspected rabid animals and persons supervising the vaccination shall give to the owner of the cat a signed statement. Such statement shall include the following information: name and address of the owner, date or dates of vaccination together with the type of vaccine injected and its duration of immunity, amount and manner of injection, name of manufacturer, lot number and expiration date of the vaccine. Or, if applicable, the veterinarian shall give the owner of the cat a signed statement verifying that the cat is exempt because such vaccination would adversely affect the health of the cat.

Compulsory vaccination shall remain in effect until the county presents evidence to the commissioner that it has been one year since the last confirmed case of rabies in a terrestrial animal specie.

Proof of rabies immunization must be shown by the owner to the local health officer whenever a cat bites a person. If the owner is unable to show such proof, the local health officer must follow the procedures outlined in subdivision (f) of this section.

2.15 Reporting of food poisoning.

- (a) Every physician, visiting nurse, public health nurse or any other person having knowledge of the occurrence of illness believed to have been due to the consumption of spoiled or poisonous food, shall report the same immediately, by telephone, telegram or in person to the city, county or district health officer in whose jurisdiction it occurred.
- (b) Provided that if the cases occur in a State institution, said cases shall be reported to the State Department of Health and to the city, county or district health officer in whose jurisdiction such institution is located.

2.16 Notification and investigation of outbreaks.

- (a) Whenever there shall occur in any municipality an outbreak of illness, it shall be the duty of the city, county or district health officer to report immediately by telephone, telegram or in person the existence of such an outbreak to the State Department of Health. The city, county or district health officer shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of diseases, and shall immediately investigate the causes of same. A report of such investigation shall be forwarded to the Department of Health within 30 days of the end of the outbreak.
- (b) Provided that when such an outbreak occurs in a State institution, the person in charge of such institution shall report the outbreak immediately by telephone, telegram or in person to the State Department of Health and to the city, county or district health officer in whose jurisdiction the institution is located.

2.17 Reports of tuberculosis cases confidential. A State or local health officer authorized by law to receive laboratory or other reports relating to cases of tuberculosis may disclose information contained in such reports only when in his judgment it will serve the best interest of the patient or his family, or contribute to the protection of the public health. Such officer may, subject to the foregoing purposes, permit access to such reports by representatives of official or non-official agencies concerned with the control of tuberculosis.

2.18 Tuberculosis records. In any action or prosecution for violation of any of the provisions of the Public Health Law, of this Chapter, or of the ordinances or regulations of any local board of health, the person in charge of tuberculosis records or reports made in pursuance of the provisions of sections 2220 and 2221 of the Public Health Law may in obedience to a duly issued and served subpoena produce and allow to be placed in evidence the whole or any part of such records insofar as the same shall be deemed relevant by the court or by the judge presiding.

ISOLATION, QUARANTINE AND RESTRICTION

2.25 Contacts, date of last exposure, isolation and quarantine defined. For the purposes of this Part:

- (a) The term household contacts shall include every person in a household wherein a case of communicable disease exists. By an adult is meant an individual 15 years of age or over.
- (b) The term incidental contacts shall include persons other than household contacts who have been in contact with a person infected with a communicable disease.
- (c) The date of last exposure of household contacts shall be the date of the removal of such household contacts to premises other than those where the case exists, or the date of the removal of the patient to other premises, or the date of release of the patient from isolation.
- (d) Isolation shall consist of the separation from other persons, in such places, under such conditions, and for such time, as will prevent transmission of the infectious agent, of persons known to be ill or suspected of being infected.
- (e) Quarantine of premises, except as specifically modified in other sections of this Chapter, shall consist of:
 - (1) prohibition of entrance into or exit from the premises, as designated by the health officer, where a case of communicable disease exists of any person other than medical attendants and such others as may be authorized by the health officer; and
 - (2) prohibition, without permission and instruction from the health officer, of the removal from such premises of any article liable to

contamination with infective material through contact with the patient or with his secretions or excretions, unless such article has been disinfected.

(f) Personal quarantine shall mean restricting household contacts and/or incidental contacts to premises designated by the health officer.

2.27 Physician to isolate person with highly communicable disease and give instructions regarding prevention of spread of the disease. It shall be the duty of the attending physician immediately upon discovering a case of highly communicable disease (as defined in section 2.1 of this Part) to cause the patient to be isolated, pending official action by the health officer. Such physician shall also advise other members of the household regarding precautions to be taken to prevent further spread of the disease and shall inform them as to appropriate specific preventive measures. He shall in addition furnish the patient's attendant with such detailed instructions regarding the disinfection and disposal of infective secretions and excretions as may be prescribed by the State Commissioner of Health.

2.28 Persons suffering from certain communicable diseases to be isolated. Whenever a case of measles, or typhoid comes to the attention of the health officer, he shall establish and maintain isolation of such case for the period specified herein; when isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

(a) Measles. Until recovery.

(b) Typhoid. Until recovery. The patient shall conform to the regulations for the control of typhoid carriers until three successive specimens of feces passed not less than two weeks after the last administration of any antibiotic or chemotherapeutic agent at an interval of not less than five days shall have been examined in an approved laboratory or in the laboratory of the State Department of Health and found to be free from typhoid bacilli; a person who has recovered from typhoid shall not engage in the handling of milk, dairy products or other foods until all secondary or complicating infections incited by the agents of this disease have disappeared and until three successive specimens of feces and urine passed not less than two weeks after the last administration of any antibiotic or other chemotherapeutic agent and at intervals of not less than five days have been examined in an approved laboratory or in the laboratory of the State Department of Health and found to be free from typhoid bacilli. Should the organism of typhoid be present one year after such person has recovered from typhoid, he shall be released from the restrictions for typhoid carriers only with the approval of the State Commissioner of Health.

2.29 Other highly communicable diseases. Whenever a case of a highly communicable disease (as defined in section 2.1 of this Part) comes to the attention of the city, county or district health officer he shall isolate such patients as in his judgment he deems necessary.

2.30 Diphtheria.

(a) Isolation of case, quarantine of children of household and modified quarantine for adult household contacts. Whenever a case of diphtheria shall come to the attention of the city, county or district health officer, he shall isolate the patient and establish and maintain quarantine for the periods hereinafter stated. When isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

(b) The patient shall be isolated until two successive cultures taken from the nose and throat at intervals of not less than 24 hours and not less than 24 hours after cessation of antimicrobial therapy, have been found free from diphtheria bacilli in an approved laboratory, or in the laboratory of the State Department of Health, the first of such cultures being taken not less than one week from the day of the onset of the disease; except that if diphtheria bacilli continue to be present in cultures, the health officer in his discretion may release the patient from isolation 30 days after clinical recovery, provided the mucous membranes appear normal and there are no abnormal discharges from the nose, throat or ears or after 14 days following antibiotic treatment.

(c) Personal contact(s) of a case of diphtheria whose occupation involves handling food, providing health care to patients, or close association with children, shall be prevented by exclusion from that work until bacteriological examination proves such case not to be a carrier.

2.32 Reports of gonorrhea and syphilis cases confidential. Records of the State Department of Health or of any local department of health or local health authority having custody of such records or of any laboratory, clinic or other institution relating to cases of gonorrhea or syphilis shall be confidential, except that access to such records by representatives of official public agencies concerned with the control of such diseases may be permitted at the discretion of the State or local health authority having custody of such reports.

2.33 Removal of cases of communicable diseases from one health district to another restricted. Except as hereinafter provided no person affected with a highly communicable disease (as defined in section 2.1 of this Part) shall be removed from one health district into another except with the permission of the city, county or district health officer from whose district such person is removed and the permission of the city, county or district health officer to whose jurisdiction such person is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the person is to be transferred except that the latter's permission need not be obtained if the patient is brought into a municipality solely for hospitalization in an institution approved by that municipality's health officer for admission of the type of case in question. Such removal shall be by means of a private conveyance, in charge of a responsible person and conducted in such manner as to prevent the exposure of other persons to the patient.

CARRIERS AND CONTROL OF CARRIERS OF DISEASE

2.40 Carriers of disease germs defined; subject to restrictions.

(a) For the purpose of the Public Health Law and this Chapter a carrier of disease germs is a person in whose secretions or excretions the germs of a communicable disease are present but who does not present clinical evidence of such disease.

(b) A person shall be deemed a carrier of disease germs if:

(1) the germs of communicable disease are found in his secretions or excretions by an approved laboratory; or

(2) epidemiological evidence points to such person as the source of one or more cases of communicable disease and such person refuses to submit specimens of his bodily secretions or excretions for laboratory examination; or

(5) such person is reported as a carrier of disease germs to the State Department of Health by the health authorities of New York City or of any State or nation.

- (c) In typhoid fever a person shall be considered a carrier who has not suffered from the disease within 10 days, provided that any person, in whose feces or urine or other discharge from the body typhoid bacilli are present, who has not suffered from typhoid fever within one year may be declared by the State Commissioner of Health to be a chronic typhoid carrier.

2.41 Duties of health officers in relation to typhoid carriers.

- (a) The health officer, upon the determination that a person is a typhoid carrier, shall immediately report the fact to the State Department of Health giving the full name, age, occupation and address of such carrier, together with any other information relative to possible or probable infection of others. He shall also inform such person, or in the case of a minor, his guardian, that he is a typhoid carrier and shall give instructions in detail as to the precautions to be observed in preventing the spread of typhoid fever. Instructions given by the health officer shall include a copy of section 2.42 of this Part and directions to wash the hands thoroughly with soap and water immediately after using the toilet and to use individual towels.
- (b) The health officer shall inform the head of the household in which a carrier resides that such an individual is a typhoid carrier and of the precautions to be observed, and no persons other than members of the family to which the carrier is immediately related, shall continue to be or become a member of the household in which the typhoid carrier lives, except with the permission of the health officer, and then only after the head of the household has first informed such person, or in the case of a minor, his parent or duly appointed guardian, of the presence of such carrier in the household.
- (c) The health officer shall obtain a minimum of one stool culture, at least once each year, from known typhoid carriers, in order to ascertain their carrier status. A negative culture shall be followed up by referral to section 2.43 of this Part.

2.42 Control of typhoid carriers.

- (a) [Disposition of body wastes.] The urine and feces of a typhoid carrier shall be disposed of in such a manner that they will not endanger any public or private water supply or be accessible to flies.
- (b) [Prohibition of food handling.] No typhoid carrier shall prepare or handle any food or drink to be consumed by persons other than members of the household with whom he resides.
- (c) [Restrictions of certain employment.] No typhoid carrier shall conduct or be employed in any restaurant, hotel, or boarding house.
- (d) [Restrictions concerning boarding homes for children.] No typhoid carrier shall reside or be employed in a boarding home for children.
- (e) [Restrictions of certain occupations.] No typhoid carrier shall engage in the occupation of nurse, cook, waiter, nursemaid or in any other occupation involving the handling of milk, cream, milk products, or utensils used in the production thereof.
- (f) [Restrictions of residence where cows are kept.] No typhoid carrier shall be permitted to reside on premises on which one or more cows are kept except under conditions to be prescribed by the health officer, which conditions shall include a written agreement signed by the carrier, or if the carrier be a minor, by his parent or duly appointed guardian and by the owner of the cows or his representative. Such agreement shall stipulate either:
- (1) that no cream or other dairy products from such premises will be sold, or given away to persons other than members of the household residing on such premises; or
 - (2) that milk and cream will be sold from such premises only after a special permit is issued by the local health officer and countersigned by the district State health officer and the local health officer of the jurisdiction in which the milk or cream is to be sold, provided, however, that county or part-county health commissioner or city health officer (in cities of 50,000 population or over) may issue such permit directly. Such permit and agreement shall provide that:
 - (i) the milk or cream be sold only to the individual or firm designated in the permit, which individual or firm restricts its output to a pasteurized product;
 - (ii) the carrier will not engage in any activities involving milking or the handling of milk, cream or dairy utensils, or enter the milk house or barns where the milk-producing cows are kept;
 - (iii) no milk or cream which is to be subsequently sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier;
 - (iv) no changes shall be made in the source of the water supply or in the system by which it is distributed on the farm, nor in the means of sewage disposal, except with the approval of the local health officer provided, however, that a county or part-county health commissioner, or city health officer (in cities of 50,000 or over) may give such approval;
 - (v) all other members of the carrier's household except those who have had typhoid fever, shall have been vaccinated against typhoid fever.
- (g) [Notification of removal.] No typhoid carrier shall change his usual place of abode without first notifying the local health officer giving the proposed new address, and the health officer shall immediately inform the State Department of Health and the health officer into whose jurisdiction such carrier is to remove.

2.43 Release of typhoid carriers from control restrictions. A chronic typhoid carrier may be released from restrictions only on approval of the State Commissioner of Health. A chronic carrier in whose feces typhoid bacilli have been found may be granted release only after submission of the evidence required in either (a) or (b) below:

(a) That the gall bladder has been removed; and either:

- (1) subsequent to the removal of the gall bladder, each of three specimens of the duodenal contents taken at intervals of not less than 24 hours, has been examined in an approved laboratory or in the laboratory of the State Department of Health and found to contain no typhoid bacilli, and
- (2) each of at least eight successive specimens of feces and eight successive specimens of urine, taken on separate days, in a hospital or under other circumstances which do not permit of substitution, has been examined in an approved laboratory or in the laboratory of the State Department of Health and found to contain no typhoid bacilli; or
- (3) subsequent to the removal of the gall bladder, each of 16 successive authenticated specimens of feces, taken at intervals of not less than 24 hours, with no more than four release specimens having been taken during any threemonth period of the first post-operative year, has been examined in the laboratory of the State Department of Health and found to contain no typhoid bacilli, and
- (4) each of at least eight successive specimens of urine, taken on separate days, has been examined in an approved laboratory, or in the laboratory of the State Department of Health and found to contain no typhoid bacilli.

(b) That the laboratory of the State Department of Health finds no significant Vi agglutinative properties in the blood of the carrier, and he has satisfactorily complied with the requirements for release under

(a) above except for removal of the gall bladder.

OTHER MEASURES FOR PUBLIC PROTECTION

2.50 Handling of food forbidden in certain cases.

- (a) No person who suffers from cholera, amebiasis, shigellosis, superficial staphylococcal infection, streptococcal sore throat (including scarlet fever), salmonellosis, giardiasis, infectious hepatitis, poliomyelitis, diphtheria, tuberculosis, yersiniosis, or typhoid, or is a carrier of the organisms causing amebiasis or shigellosis, salmonella infection or typhoid, or who, in the judgement of the local health officer, is suffering from acute infectious diarrhea shall serve or handle in any manner whatsoever, food intended for sale.
- (b) No person shall engage in the handling of milk, dairy products or other foods until clinical recovery from salmonella or shigella infection and until two successive specimens of intestinal discharges, passed not less than one week after the week of onset and at intervals not less than 24 hours, shall have been examined in an approved laboratory or in the laboratory of the State Department of Health and on salmonella or shigella organisms shall have been found.

2.51 Destruction of foods in certain cases. When a case of diphtheria, streptococcal sore throat (including scarlet fever), superficial staphylococcal infection, amebiasis or shigellosis, salmonellosis, infectious hepatitis, poliomyelitis or typhoid exists on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, the State Commissioner of Health or the city, county or district health officer may destroy or order the destruction of any such foods which in his opinion may have been infected.

2.52 Sale of food forbidden in certain cases. When a case of diphtheria, streptococcal sore throat (including scarlet fever), shigellosis (bacillary dysentery), salmonella infection (including paratyphoid fever), or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other milk products, no such substances shall be sold or delivered from such farm or dairy, except to a plant in which all the milk, cream or milk products before delivery to the consumer, are:

- (a) pasteurized; or
- (b) made into evaporated milk, condensed milk, dried milk, butter or cheese, in the process of which the milk or the product undergoes heating equivalent to pasteurization; or
- (c) made into cheese which is allowed to ripen or cure at a temperature of not less than 35 degrees Fahrenheit for a period of not less than 60 days.

2.53 Cleansing, renovation or disinfection, when required. Adequate cleansing, renovation or disinfection of rooms, furniture, clothing and belongings when deemed necessary by the health officer or required by the Public Health Law or by this Chapter shall immediately follow release, death or removal of a person affected with a communicable disease. Such cleansing, renovation or disinfection shall be done under the direction of the health officer. Furniture, bedding, clothing, carpets, rugs or other articles which may have been contaminated with infective material and which are of such nature or in such condition that they cannot, in the opinion of the health officer, be properly cleansed or disinfected, shall upon his order be destroyed in the manner designated by him.

2.54 Duties of undertakers.

- (a) It shall be the duty of every person taking charge of the preparation for burial of the body of any person to ascertain whether such person died of a communicable disease, and if such person died of plague, it shall be his duty to cause it promptly to be placed in a

coffin or casket, which shall then be immediately and permanently closed. This section shall not be construed to prohibit the embalming of any such body, but if the body is to be embalmed the undertaker shall cause such embalming to be done immediately upon taking charge of the body. Immediately after the embalming he shall cause such body to be placed in a coffin or casket as hereinabove directed.

- (b) After handling, embalming, or preparing for burial the body of a person dead of a communicable disease, such parts of the person's garments, and utensils or other articles of the undertaker or his assistants, as may have been liable to contamination with infective material, shall be immediately cleansed or disinfected or sterilized.

2.55 Subcutaneous or intradermal diagnostic tests administered by individuals other than health care practitioners licensed under Title 8 of the Education Law.

- (a) As part of any approved public health program, an individual other than a health care practitioner licensed under Title 8 of the Education Law may administer subcutaneous or intradermal diagnostic tests, including but not limited to tuberculin and histoplasmin tests, when so authorized by the State Commissioner of Health or local health officer.
- (b) Before individuals may administer subcutaneous or intradermal diagnostic tests as provided in subdivision (a) of this section they must have received training satisfactory to the State Commissioner of Health or local health officer to include techniques, indications, precautions and contraindications in the use of the agent or agents and techniques of administration.
- (c) The State Commissioner of Health or local health officer shall maintain a current list of all individuals whose training is satisfactory to him for the administration of subcutaneous or intradermal diagnostic tests under his direction.

2.56 Immunizations administered by individuals other than health care practitioners as permitted by their license under Title 8 of the Education Law.

- (a) During the course or as part of any public immunization program, individuals other than health care practitioners licensed under Title 8 of the Education Law may administer immunizations involving oral, intramuscular, subcutaneous or intradermal administration, including but not limited to immunizations, against rubella, polio, pertussis, measles, diphtheria and tetanus, when so authorized by the State Commissioner of Health or local health officer.
- (b) Before an individual may administer immunizations as provided in subdivision (a) of this section, he must have received training satisfactory to the State Commissioner of Health or local health officer to include indications, precautions and contraindications in the use of the agent or agents and techniques of administration.
- (c) The State Commissioner of Health or local health officer shall maintain a current list of all individuals whose training is satisfactory to him for the administration of immunizations under his direction.

2.57 Withdrawal of blood samples by individuals other than health care practitioners licensed under Title 8 of the Education Law.

- (a) During the course or as part of any approved public health program (including but not limited to venereal disease control and lead poisoning programs), individuals other than health care practitioners licensed under Title 8 of the Education Law may withdraw a blood sample by means of skin prick or intravenous technique when so authorized by the State Commissioner of Health or local health officer.
- (b) Before an individual may withdraw blood samples as provided in subdivision (a) of this section, he must have received training satisfactory to the State Commissioner of Health or local health officer to include procedures, precautions and contraindications in the use of techniques of blood withdrawal.
- (c) The State Commissioner of Health or local health officer shall maintain a current list of all individuals whose training is satisfactory to him for the withdrawal of blood samples under his direction.

2.58 Turtle-associated salmonellosis and other bacteriological contamination which may cause disease in humans.

- (a) On and after the effective date of this section, no person shall bring into the State of New York or sell or offer for sale or distribute at wholesale, retail, or as gifts to the public, a live turtle or turtles with a carapace length of less than four inches.
- (b) The New York State Department of Health or any designated representative thereof, or any local health officer or his representative may at any time take samples of tank water or any other appropriate samples from turtles offered for sale or distribution, test the same, and order the immediate humane destruction of any lot of turtles found contaminated with salmonella or other bacteriological contamination which may cause disease in humans.
- (c) The following warning must be posted conspicuously at every display of turtles for retail sale or distribution or where the public may handle turtles, unless the requirement is waived in writing by the State Commissioner of Health:

"CAUTION: Turtles may transmit bacteria causing disease in humans. It is important to wash your hands thoroughly after handling turtles or material in a turtle bowl; not to allow water or any other substance from a turtle bowl to come in contact with your food or areas where your food is prepared; and to make sure that these precautions are followed by children or others handling turtles."

- (d) Pursuant to the Executive Law the Attorney General may seek injunctive relief or any other remedy therein for violation of this section.

(e) Turtles of any size may enter the State for teaching use in educational institutions, or for delivery to research institutions approved by the New York State Department of Health pursuant to the provisions of article 5 of the Public Health Law, as amended.